

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10-088, 540</i>	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	/						53					
4	/						54					
5	/						55					
6	<i>51</i>						56					
7	<i>15</i>						57					
8	<i>51</i>						58					
9	<i>14</i>						59					
10	<i>41</i>						60					
11	<i>14</i>						61					
12	<i>51</i>						62					
13	<i>10</i>						63					
14	<i>41</i>						64					
15	<i>14</i>						65					
16	<i>14</i>						66					
17	<i>41</i>						67					
18	<i>14</i>						68					
19	<i>41</i>						69					
20	<i>14</i>						70					
21	<i>41</i>						71					
22	<i>14</i>						72					
23	<i>41</i>						73					
24	<i>14</i>						74					
25	<i>51</i>						75					
26	<i>14</i>						76					
27	<i>41</i>						77					
28	<i>14</i>						78					
29	<i>41</i>						79					
30	<i>14</i>						80					
31	<i>41</i>						81					
32	<i>14</i>						82					
33	<i>41</i>						83					
34	<i>14</i>						84					
35	<i>41</i>						85					
36	<i>14</i>						86					
37	<i>41</i>						87					
38	<i>14</i>						88					
39	<i>41</i>						89					
40	<i>14</i>						90					
41	<i>41</i>						91					
42	<i>14</i>						92					
43	/						93					
44	/						94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	<i>43</i>						TOTAL DEP.					
TOTAL CLAIMS	<i>44</i>						TOTAL CLAIMS					